United States Bankruptcy Jourt District of Idaho	PROOF OF CLA.  Chapter (please check appropriate box): 7[] 11[] 12[] 13[/	THIS SPACE FOR COURT USE ONLY
Instructions: Complete this form and mail to: US Bankruptcy Court, 550 West Fort St. MSC 042, Boise, ID 83724	Proof of Claim Form and Supporting Documents are to be filed in DUPLICATE on Chapter 12 and 13 cases.	
In Re: (NAME OF DEBTOR) Janier Woods	CASE NUMBER: 99 - 00 2.7 6	AND THE REPORTS
NAME AND MAILING ADDRESS OF CREDITOR (The person or other entity to whom the debter owen money or property):  IEP BILLING OFFICE 2312 NORTH COLE ROAD, SUITE C BOISE, ID. 83704 208-322-8515	NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 USC §503.	
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR 7856883	Check bere if this claim: [] REPLACES [] AMENDS a previously filed claim dated:	
1. BASIS FOR CLAIM: [] Goods Sold XX Services Performed [] Money Loaned [] Personal Injury/Wrongful Death [] Taxes [] Assignment [] Retiree Benefits as defined in 11 U.S.C. §1114(a) [] Wages, salaries and compensation; Social Security #:		
Unpaid compensation for services performed from to		
2. DATE DEBT OCCURRED: 1-3-99	3. IF COURT JUDGMENT, DATE OBTAINED:	
4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code, all claims are classified as one of more of the following:  a. Secured b. Unsecured Nonpriority c. Unsecured Priority  It is possible for part of a claim to be in one category and part in another. COMPLETE THE APPROPRIATE BOX (or boxes) that best describes your claim and STATE THE AMOUNT OF THE CLAIM  AT THE TIME THE CASE WAS FILED.		
SECURED CLAIM: \$  Anach evidence of perfection of security interest Brief description of Collateral: {} Real Estate {} Motor Vehicle [] Other (Describe Briefly)  Amount of Arrearage and other charges at time case was filed included in secured claim above, if	UNSECURED PRIORITY CLAIM: \$  SPECIFY THE PRIORITY OF THE CLAIM:  [] Wages, salaries, or commissions (up to \$4000, carned bankrupicy petition or cessation of the debtor's basines	
UNSECURED CLAIM: \$ 34 5 00	[] Courributions to an employee benefit plan - 11 USC § 507(a)(4).  [] Up to \$1800 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 USC § 507(a)(6).	
A claim is unsecured if there is not collateral or lies on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.	curing the claim	
5. TOTAL AMOUNT OF CLAIM AT THE TIME THE CASE WAS FILED:		
UNSECURED: \$ 345.00 SECURED: \$ PRIORITY: \$ TOTAL \$ 345.00		
[] Check if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.		
6. CREDITS AND OFFSETS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.  In filing this claimant has deducted all amounts that claimant owers to the debtor.  This Space For Court Use Only		
7. SUPPORTING DOCUMENTS: ATTACH COPIES OF SUPPORTING DOCUMENTS, such as promissory notes, purchase orders, invoices, assignments, deficiency documents, itemized statements of numing accounts, contracts, court judgements, or evidence of security interests. If the documents are voluminous, stach a summary.  DATE:  Sign and print the name and title, if any, of the creditor or other person authorized to file this		
claim (anach conv of power of attorney, if an	TELEPHONE No. 208-322-8515	·